



Please type or
Print in Black Ink

COMMONWEALTH OF VIRGINIA
COUNTY OF FAIRFAX
APPLICATION FOR APPEAL

APPLICATION NO. _____
(Assigned by Staff)

NAME OF APPELLANT: _____

NATURE OF THE APPEAL:

DATE OF ORDER, REQUIREMENT, DECISION, DETERMINATION OR NOTICE OF VIOLATION WHICH
IS SUBJECT TO THE APPEAL _____

HOW IS THE APPELLANT AN AGGRIEVED PERSON?:

IF APPEAL RELATES TO A SPECIFIC PROPERTY, PROVIDE THE FOLLOWING INFORMATION:

POSTAL ADDRESS OF PROPERTY: _____

TAX MAP DESCRIPTION: _____

The undersigned has or has not (circle one) the authority to allow and does or does not (circle one) authorize Fairfax County staff representatives on official business to enter on the subject property as necessary to process the application.

Type or Print Name of Appellant or Agent

Signature of Appellant or Agent

Address

Telephone No.

Home

Work

Please provide name and phone number of contact person if different from above.

DO NOT WRITE IN THIS SPACE

Subdivision Name: _____

Total Area (Acres/Square Feet): _____

Present Zoning: _____

Supervisor District: _____

Date application received: _____ Application Fee Paid: \$ _____

Date application accepted: _____